

Summary of the Survey of South Dakota Health Education and Physical Education Requirements

Purpose of the Study

The State Board of Education requested that Coordinated School Health conduct a survey in order to identify and assess specific health education and physical education requirements for K-12 students in SD school districts. In addition, questions were asked about district level councils, committees, or teams that address school health issues.

Methodology

The survey was sent to a random sample of 70 K-12 superintendents.

The survey was presented in sections according to grade level. Elementary, Middle School and High School. The superintendent, or the person acting in that capacity, was asked to consult with the appropriate school staff in order to complete the individual sections of the survey.

The following key information was needed for completion of each section of the survey.

- ◆ Local school district policy for requiring Health Education and Physical Education for each grade level.
- ◆ Method of delivery for Health Education and Physical Education for each grade level.
- ◆ Specified time requirements for Health Education and Physical Education for each grade level.
- ◆ Identification of barriers to the implementation of quality Health Education and Physical Education programs for each grade level.
- ◆ District level councils or committees that assist in the development of policies or the coordination of health education, physical education and/or other health related activities.

Response Rate and Interpretation of Results

Usable surveys were received from **57** K-12 superintendents for an overall usable response rate of **81%**. Please note how the data is presented within the charts. (**I.e 32.7% (16 of 49)**) This denotes that 16 of the 49 that answered this survey question responded a specific way. Thus providing a response rate of 32.7%. Data is also presented within the charts in the following manner: **71.6 minutes (12)**. This denotes the exact value of surveys returned for a specific part of the survey question. Due to the nature of the question a percentage can not be provided.

Survey Summary - Superintendents

Eighty percent (80%) of the school districts surveyed have a committee (e.g., school health council, committee, or team) that offers guidance on the development of policies or coordinates health education, physical education and/or other health related activities. The three most frequently reported types of councils or committees are:

- Wellness Policy Committee
- Safe and Drug Free School Committee
- Health and Physical Education Review Committees

Other less identified councils and/or committees within the school districts that responded to this question on the survey are:

- School Health Council
- Team Nutrition Committee

The percentage of school districts that have an individual designated to coordinate school health program efforts is 63.6%. Schools were not asked to identify the individual by title.

Eight-five percent (85%) of the superintendents reported being in favor of health education requirements and felt that Health Education should be required at all levels. This response was repeated in relation to Physical Education requirements.

Superintendents identified time and funding as the primary barriers to increasing the Health Education and Physical Education requirements at the high school level. Qualified staff was reported as another barrier.

Eight-four percent (84%) of the superintendents reported that they would support a required “30 minutes of supplemental physical activity” per day at the elementary level. For the purpose of this survey, supplemental physical activity opportunities were those that can be done during the school day and include recess, walking programs and classroom-based movement. Physical Education and after school activities were not considered supplemental physical activities.

Recommendations:

1. Promote the Coordinated School Health model as a means of increasing coordination of efforts and of reducing the number and type of councils and committees within the districts.
2. Encourage all school districts to designate an individual to coordinate school health program efforts.
3. Consider Health Education and Physical Education become a required component of the school district’s curriculum at all grade levels.
4. Support a required “30 minutes of supplemental physical activity” per day at the elementary level and consider this option at the middle school level as well.

Survey Summary - Elementary Level

A small percentage of schools (35.7%) list Health Education as a required component of the elementary curriculum. Required component was defined as “An actual block of time set aside in the classroom schedule for Health Education. It is taught as a stand-alone subject rather than health education lessons integrated into other subjects.” Of the 35.7 % that did identify Health Education as a required component of the elementary curriculum, 95% required it at all grade levels, K-5.

The majority of Health Education at the elementary level is incorporated into the general classroom lessons, and is taught by the general classroom teacher. A typical lesson is presented two days a week and is 23 minutes in length. And is taught an average of 30 weeks per year.

Ninety-four percent (94%) listed time as the main barrier to implementing quality Health Education at the elementary school level. A “quality” Health Education program is defined as one that is highly interactive and provides ways for students to personalize information and skills so that it is immediately relevant to their lives.

One hundred percent (100%) of the respondents state that Physical Education is a required component of the elementary curriculum for each grade level, K-5. It is taught by the Physical Education teacher and is taught as a stand-alone subject. The frequency in which Physical Education is taught at the elementary level is 32 minutes per day, 2.4 days a week for 36 weeks.

Ninety percent (90%) responded that time is the main barrier to the implementation of “quality” Physical Education at the elementary level. A “quality” Physical Education program provides learning experiences that meet student’s developmental needs, which in turn helps to improve their mental alertness, academic performance, and readiness and enthusiasm for learning. (Funding and facilities were also noted as barriers.)

Recommendations:

1. Consider Health Education become a required component of the elementary curriculum in grades K-5.
2. Consider Health Education be taught as a stand-alone subject at the elementary level.
3. Provide all teachers at all levels and for all subjects with South Dakota Health Education Standards and Assessment training.

Survey Summary - Middle School Level

Seventy-seven percent (77%) of the school districts that responded to this question state that Health Education is a required component of the middle school curriculum (grades 6, 7 and 8). A required component was defined as “An actual block of time set aside in the classroom schedule for Health Education. It is taught as a stand-alone subject rather than health education lessons integrated into other subjects.”

The majority of Health Education at the middle school level is taught as a stand-alone subject and is taught by the Health and/or Physical Education teacher. A typical lesson is presented 3 days a week and is 40 minutes in length. It is being taught on the average of 20 weeks per year. Health Education is less likely to be taught at the 6th grade level.

Ninety-two percent (92 %) listed time as the main barrier to implementing quality Health Education at the middle school level. A “quality” Health Education program is defined as one that is highly interactive and provides ways for students to personalize information and skills so that it is immediately relevant to their lives. (Funding and qualified staff were listed as barriers as well.)

Physical Education is a required component of the middle school curriculum for each grade level, 6-8, in 96% of the school districts that responded to this question. It is taught by the Physical Education teacher and is taught as a stand-alone subject. The frequency in which Physical Education is taught at the middle school level is 48 minutes per day, 3 days a week for 30 weeks.

Eighty-six percent (86%) listed time, as the most common barrier to the implementation of “quality” Physical Education at the middle school level. A “quality” Physical Education program provides learning experiences that meet student’s developmental needs, which in turn helps to improve their mental alertness, academic performance, and readiness and enthusiasm for learning. (Funding and facilities were also noted as barriers.)

Recommendations:

1. Increase the frequency (number of weeks) in which Health Education is taught at the middle school level.
2. Secure Health Education and Physical Education as required components of the middle school curriculum.
3. Focus on increasing Health Education at the 6th grade level.
4. Provide all teachers at all levels and for all subjects with South Dakota Health Education Standards and Assessment training.

Survey Summary – High School Level

The current graduation requirement for South Dakota students is a half a credit (.5) of either Health Education or a half a credit (.5) of Physical Education. The graduation requirement is not grade level specific. Data relative to the question of “*How many total credits of Health Education and/or Physical Education are required at each grade level in order to meet the high school graduation requirement?*” are being further analyzed therefore, no summary has been provided.

Health Education is being taught by the Health and Physical Education teacher at a frequency of 58 minutes per day on the average of 2.5 days per week for 22 weeks.

Time, (79.6%) and funding (61.3%) were listed as the main barriers to implementing “quality” Health Education at the high school level. A “quality” Health Education program is defined as one that is highly interactive and provides ways for students to personalize information and skills so that it is immediately relevant to their lives.

Physical Education is taught exclusively by the Health and Physical Education teacher at the high school level. The survey shows that the frequency in which Physical Education is being taught is 67 minutes per day, 3.6 days per week for an average of 29 weeks. There is concern that this question was misinterpreted as the frequency is greater than what we know to be true. Data would suggest that “*the frequency in which Physical Education is being taught*” is not necessarily what is required.

Time (75%) and funding (65%) were reported as the main barriers to implementing “quality” physical education at the high school level. A “quality” Physical Education program provides learning experiences that meet student’s developmental needs, which in turn helps to improve their mental alertness, academic performance, and readiness and enthusiasm for learning. (Facilities and qualified staff were also noted as barriers.)

Recommendations:

1. Consider Health Education and Physical Education be taught in each year in grades 9-12.
2. Increase the graduation requirement for Health Education and Physical Education.
3. Provide all teachers at all levels and for all subjects with South Dakota Health Education Standards and Assessment training.